

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5						
6						
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41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	3	↔	↔	↔		
TOTAL CLAIMS	4	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	↔	↔	↔	↔		
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████